## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000019312 (3) IGGY DRYWALL INC. Principal Place of Business Mailing Address 13415 LA PLACE APT 117 13415 LA PLACE APT 117 TAMPA FL 33612 **TAMPA FL 33612** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 <u>59-3361850</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAZARES, JOSE A 13415 LA PLACE APT 117 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33612** 83 R4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or profind name of registered agent and little if application (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition ☐ DELETE 1.1 TITLE Change TITLE NAME CAZARES, JOSE A 1.2 NAME STREET ADDRESS 13415 LA PLACE APT 117 1.3 STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME CAZARES, LAURA I 22 NAME 13415 LA PLACE APT 117 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1ff LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE Addition 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporations if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

)

april 28,98

(88)9729126

Change

Addition

CR2E034 (10/97